IREDELL COUNTY HEALTH DEPARTMENT

STATESVILLE 704-878-5305 MOORESVILLE 704-664-5281

IMPROVEMENT PERMIT / AUTHORIZATION TO CONSTRUCT / OPERATION PERMIT / EXISTING SYSTEM INSPECTION

PERMIT# 10245620 PIN# ~~4646174531 2~~ 4646 17 3781 DATE 9/19/2001

OWNER OR CONTRACTOR Karen Plyler PHONE: Business 406-1128 Home 895 2450

ADDRESS 107 Soule Dr Mooresville, NC

LOCATION Williamson Rd TR Sundown Curve around "Deadend" on left #437

SUBDIVISION ~~J D~~ Atwell BLOCK / SECTION ____ LOT 4 LOT AREA ____ SITE CLASS. ____ DESIGN FLOW ____ L.T.A.R. ____

Septic Tank: Existing Gallons: STP ____ Date ____

Pump Tank: ____ Gallons: PT ____ Date ____

Pump Make: ____ Model ____ Serial No. ____

Nitrification Field: No Fields Existing Square Feet ____ Linear Feet ____

No Lines ____ Trench Width ____ Max Trench Bottom Depth ____ Gravel Depth ____

☐ New System ☐ Repair System Type: I II III IV V VI

System Description: Existing Grav. Conv.

Repair System Description: ____

Maintenance Agreement Required: ☐ Yes ☐ No

☐ House/Mod. Home ☒ Mobile Home ☐ Business ☐ Other ____

No. Bedrooms 3 No. Bathrooms 1 No. Employees ____

☐ Slab ☐ Crawl Space ☐ Basement w/plumbing ☐ Basement wo/plumbing

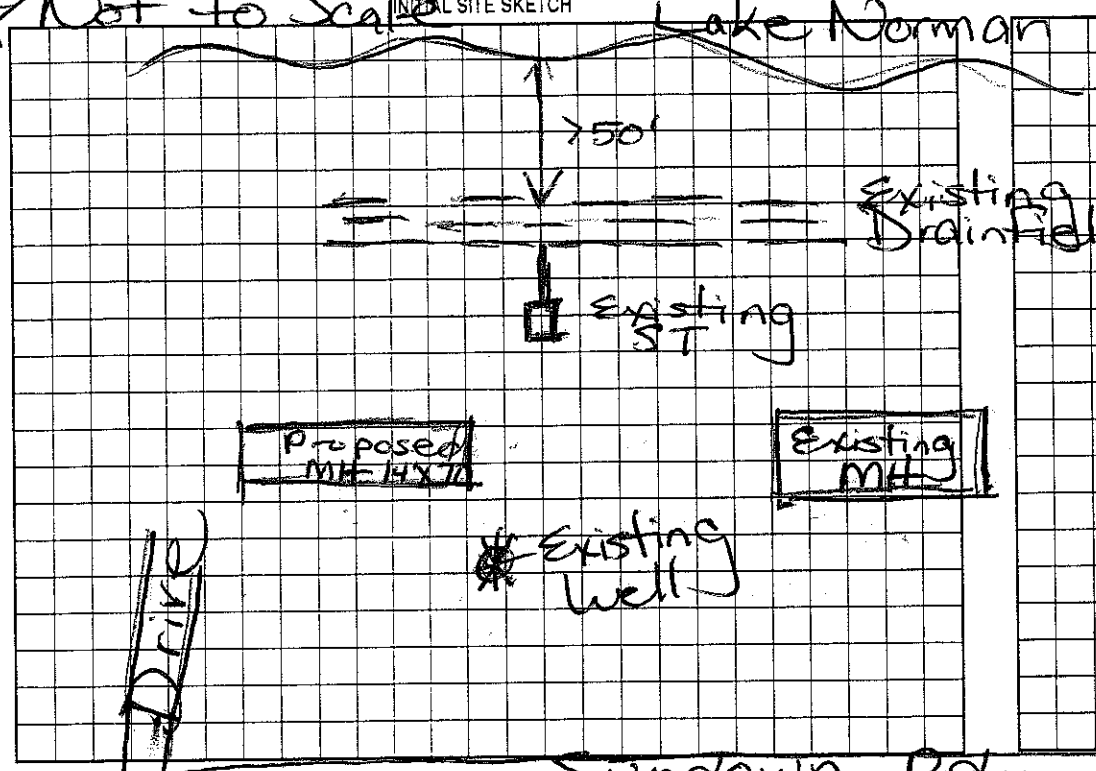
Water Supply: ☒ Individual ☐ Public ☐ Community

Comments:/Conditions: Existing Septic System appears to be functioning Okay at time of inspection.

Comments:/Conditions: Number of total bedrooms must Not increase. Should pump out Septic tank before scarifying

INITIAL SITE SKETCH

Not to Scale



AS BUILT SKETCH

Permit can be suspended or revoked if any false information is supplied toward securing the permit/any unauthorized changes are made to the site/any unauthorized changes are made in the installation of the system. Improvement Permit with plat valid without expiration. Improvement Permit with site plan valid for sixty months. Authorization to Construct is valid for a period equal to that of Improvement Permit – not to exceed sixty months.

Signed: Norman Plyler date ____ Installed by: ____

Improvement Permit by: Maint. H. Dotson RS date 9/19/2001 Operation Permit by: ____ date ____

Authorization to Construct by: ____ date ____ Existing System Inspection by: Maint. H. Dotson RS date 9/19/2001

HEALTH DEPT. COPY: WHITE OWNER COPY (FINAL): YELLOW OWNER COPY (INITIAL): PINK